

**UTAH DEPARTMENT OF ENVIRONMENTAL QUALITY
DIVISION OF WATER QUALITY**

288 North 1460 West
PO Box 144870
Salt Lake City, Utah 84114-4870

Proper Medication Disposal Pollution Prevention Pilot
Financial Assistance Application

Complete all sections, type or print legibly.

Applicant Name (Police Department): _____

Contact Person: _____

Mailing Address: _____

City: _____ Zip: _____

Business Phone: (____) _____ - _____

E-mail address: _____

Grant Purpose: The Utah Department of Environmental Quality (UDEQ) is offering Utah law enforcement agencies a one-time grant, up to \$1,000, to establish a “Drug Collection for Proper Disposal” program. This funding can be used to pay for: collection boxes, signage, evidence handling, incineration, advertising or associated expenses. Once this application is reviewed you will receive notice of the grant award amount and how to submit receipts for reimbursement.

Requirements to secure this funding include:

1. Submit with this form a copy of your agency’s adopted policy for the “Drug Collection for Proper Disposal” pilot. This policy will be reviewed to insure you have outlined:
 - a. Where secured and locked collection bins will be located;
 - b. Signage that will be placed on the bins;
 - c. Evidence handling protocols for collected medications;
 - d. Reporting total weight of collected medications to UDEQ; and
 - e. Final destruction of the collected drugs through incineration at an approved waste disposal facility.

2. Estimate Project Costs:

Collection Bins: \$ _____

Signage: \$ _____

Medication Incineration: \$ _____

Advertising: \$ _____

Other (please describe): \$ _____

TOTAL \$ _____

Estimated amount of grant funds requested (not to exceed \$1,000): \$ _____

3. Explain how you will you advertise this program to the citizens within your jurisdiction:

4. Agree to Report Pounds of Medications Collected: Federal Pollution Prevention funds are being used for this pilot and are available to reimburse costs associated with setting up a collection system contingent upon the monthly reporting of the pounds of medications collected to UDEQ. By signing this application you agree to use the funds as indicated above, destroy all medications collected through incineration, and report the pounds of medications collected to UDEQ.

I

Signature _____ Date _____

Applicant

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TO BE COMPLETED BY UDEQ

Application reviewed for funding and approved by:

Leah Ann Lamb, Assistant Director, UDEQ, Division of Water Quality

Phone #